

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
2014 APR 21 AM 7:38
FEC OFFICE ONLY
FEC CENTER

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

SUPPORT AND DEFEND PAC

ADDRESS (number and street)

P.O. BOX 576

☐ Check if different
than previously
reported. (ACC)

HAVERTOWN

PA

19083

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS
REPORT

☒

NEW
(N)

OR

☐

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)

☐ October 15
Quarterly Report (Q3)

☐ January 31
Year-End Report (YE)

☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)

☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

PRE-Election

☐

Convention (12C)

☐

Special (12S)

Report for the:

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(d) 30-Day

POST-Election
Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Grant Moody

Signature of Treasurer

Grant Moody

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004